

VENDOR APPLICATION

Liability Insurance

ALABAMA The City of Gulf Shores is not responsible for payment of any goods or services provided prior to the completion and acceptance of this Form. A completed W-9 must be submitted along with **Proof of Insurance**, if applicable. It is the responsibility of the vendor to keep all information current and notify the City of any changes. Owner Change____ **Application Type:** New____ Name Change____ Location Change_ **Business Name:** (You are required to use the precise legal name as associated with your taxpayer ID number.) Legal Name: DBA, if different from above: Physical Address: Street State Zip Mailing Address: City Street State Zip Telephone: Business Fax Home Website: E-mail Address: Contact Person: Name Phone Number Type of Goods or Services: FEIN# State of AL Tax # (optional) Limited Liability Company Classification: Individual/Sole Proprietor Corporation Professional Association Partnership Other _____1-4 employees Number of Employees: More than 4 employees If you will be performing on-site services, workers' compensation insurance coverage is required. A copy of your **CERTIFICATE OF INSURANCE** must be submitted with this form. **Business License Information:** 1. Is your business physically located within Gulf Shores City limits? ____Yes ____No 2. Will any sales representatives enter the Gulf Shores City Limits? Yes No 3. Will your delivery personnel/delivery truck enter Gulf Shores City Limits? ____Yes ____No If you answered yes to at least one of the three questions listed above, you are required to obtain a CITY OF GULF SHORES BUSINESS LICENSE. Please visit www.gulfshoresal.gov to download the Business License Application Form. The information provided on this application is a true and complete representation of the above named entity and person(s) listed. I understand the requirements to do business with the City of Gulf Shores. Signature: Print Name: **SUBMIT COMPLETED FORM TO: Purchasing Division** Please make sure all applicable attachments are Fax: (251) 968-1470 P.O. Box 299 reberly@gulfshoresal.gov included. Incomplete applications or missing Gulf Shores, AL 36547 attachments will result in delayed processing. To sign up for bid notifications, please visit www.gulfshoresal.gov - see "bid opportunities." THIS AREA FOR MUNICIPAL USE ONLY Contact Person: ___ Department Requesting New Vendor: _____ Phone Number: Forms Received & Approved: **Date Received: Reviewed By:** Completed Form Purchasing Division Business License Revenue Division Community Development Permit Required Accounting Divison W-9 Workman's Comp.

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

2	Name (as shown on your income tax return)			
Print or type Specific Instructions on page				
	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partne ☐ Other (see instructions) ▶	rship) ▶	Exempt payee	_
	Address (number, street, and apt. or suite no.)	quester's name and a	ster's name and address (optional)	
	City, state, and ZIP code			
See	List account number(s) here (optional)			
Par	rt I Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident		ent	Social security number	
alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.			or	
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		Employer id	Employer identification number	
Par	rt II Certification			
Unde	er penalties of perjury, I certify that:			
1. T	he number shown on this form is my correct taxpayer identification number (or I am waiting for	r a number to be is	sued to me), and	
	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (I Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report a	,	,	

3. I am a U.S. citizen or other U.S. person (defined below).

notified me that I am no longer subject to backup withholding, and

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4

Sign Here U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,